

REPORT OF SECTION 18 APPLICATION

Please ✓ the box for the chemical used

Coumaphos - Checkmite +

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ApiLife Var

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Pesticide: _____

Applicator's Name: _____

Applicator's Address: _____

Farmer's Name: _____

Farmer's Address: _____

Number of Hives Treated: _____

Strips per Hive: _____

Location of Hives: _____

Date of Application: _____

Time of Application: _____

Mail reports to the Arkansas State Plant Board, P. O. Box 1069, Little Rock, AR 72203
or Fax to (501)225-3590.



Reports must be submitted within 10 days of application.

